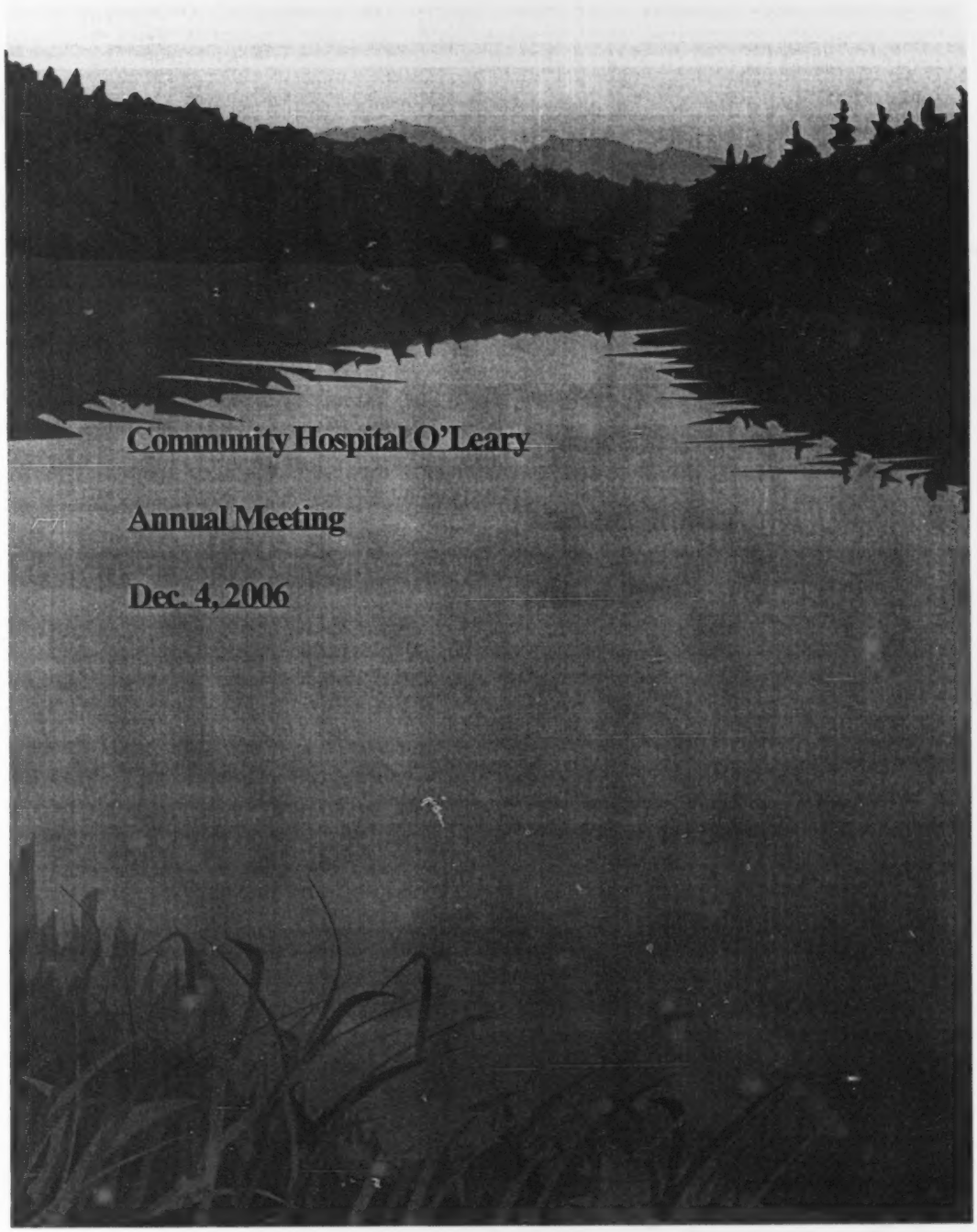

Community Hospital O'Leary

Annual Meeting

Dec. 4, 2006

Chairperson's Report
Community Hospital O'Leary
Dec. 4, 2006

Welcome to everyone.

The past year has been a trying one for our hospital. Certainly lack of budgetary resources has always been an issue for this hospital but another issue has become the most pressing one. I am referring to the challenges in recruiting professionals to the health system here on PEI.

We are likely facing a period of time when recruitment of staff will be an ongoing battle. Doctors, nurses, therapists, technicians and technologists are in demand Canada. With the exception of physicians, most of the people we recruit are from the local area. Fortunately, local young women and men are once again beginning to choose health care as a career option. The future does look brighter a few years down the road.

In the case of physicians, our hospital has always relied on the recruitment of physicians from around the world. Dr. Terry Verma, Dr. Prem Verma, Dr. Bruvels, Dr. Rowan and so on, have all served our community well in the past. The College of Physicians and Surgeons is struggling to deal with the number of physicians applying for application to practice on PEI. Doctors from countries around the world which have not typically attempted to gain licensure in Canada are now trying to come here to practice. The College needs the resources to be able to respond to these applicants in the most effective, safe and efficient manner possible.

Certainly the other major issue of this past year has been the consultation on a single centrally located new hospital for West Prince. The recommendations of the report on a Single Facility have been accepted by government and the construction of a new facility on land purchased at Bloomfield corner will commence in 2008. This issue has caused us all to reflect on what is most important in health care. Is it access to service here in West Prince or is it about economics. Of course this change is about both of these things but first and foremost our concern needs to be about preserving health care here in West Prince. What is good for our neighboring communities is good for us in this community. We have an opportunity now to work together to create more stability in our health care services in this region. The time has come!

I closing, I would like to thank the Board for their dedication to this hospital over the past year. I would also like to express thanks to all the staff: physicians, nurses, therapists, support staff, dietician, pharmacists, diagnostic staff and managers. You have given much to our local citizens.

Thank you.

Allison Ellis
Chairperson
Community Hospital O'Leary

Administrator's Report
Community Hospital Annual Meeting
Dec. 4, 2006

Community Hospital O'Leary continues to serve a vital role in the provision of health care services to the citizens of the West Prince area. Despite the significant staff shortages in nursing, physicians and diagnostic technologists, the hospital continued fulfilling its mandate of serving the public with quality health care supports and services throughout the past year.

The recruitment of professional staff remains our key challenge. The hospital has had success in securing excellent locum support for short to medium periods of time. More recently, Dr. Abdulrahem Laftah has joined the medical staff. It is anticipated that he will very soon have permanent status with us once the College of Physicians of Prince Edward Island completes its required review. In Janurary it is also expected that another permanent physician will be joining the medical staff. Dr. David Morgan of Wales is currently awaiting his immigration documents to be processed before he moves to O'Leary with his wife Fran. A Dr. Haqqi has expressed interest in working in O'Leary and is in the process of having his documents reviewed by the College of Physicians and Surgeons. The situation seems to be gradually improving as it relates to physician recruitment. Dr. Herb Dickieson and Dr. Charles Dewar deserve our thanks for having supported the hospital and the needs of local patients to the extent in which they have over the past year.

Vacant temporary positions in the nursing department continues to be at a critical stage. Currently there are two vacant positions. The impact that these vacant positions has on what is already an understaffed environment is challenging the workload situation. The ongoing commitment of our nursing staff is to be commended. The nursing staff have extended themselves well beyond the call of duty. Our thanks must go to all. The Board of Directors' efforts to petition the Premier and the Minister of Health for additional nursing positions have been well appreciated. It is hoped that their efforts will have the desired result.

A vacant full time diagnostic position has been advertised with no applicants. This too is a sign of the current competitive environment we are in when it comes to recruitment of professional staff. The fact that the two West Prince Hospitals share staff resources does leave some flexibility when shortages occur. The present situation is very tight.

The physio department continues to provide a very professional service. The recent addition of a support staff person to assist with managing the waiting list for this service will hopefully provide some needed support for this important service area.

Pharmacy services continue to be a vital component to the hospital's services. With two part time pharmacists and a part time pharmacy technician, supporting both the hospital and long term care, the hospital is recognized widely for providing a quality pharmacy service with minimal resource. This staff also supports the newly introduced medication cart system being used in the inpatient unit of the hospital.

The new computerized patient file system (CERNER) is being developed . It is an exstensive undertaking with staff having had to participate in many planning meetings and training sessions throughout the year. Although this work in times of staff shortages has demanded much of our staff, it is hoped that the end result will be a better patient file for the betterment of all patients served by the health system on P.E.I..

The support staff of this hospital are a very important part of the overall team within the facility. The care of our facility inside and out; the repairs and ongoing maintenance required; and the nutritious food served to patients and residents are all of high quality. This group of staff work in the areas of housekeeping, laundry, maintenance, and dietary. The hospital could not function without their significant contributions.

Finally, the medical records and admitting staff have ensured an appropriate reception for patients upon arrival as well as a well documented account of the treatments and care received upon admission. The positive dispositions and professional demeanor of this staff has contributed to the quality of service that our patients deserve and should expect.

I would also like to extend special thanks to Darlene Everett who has been such a tremendous support in our small administration. She has supported the Board, Management and myself in developing new systems for communicating, tracking activity, and keeping us happy with our work.

In closing, I would like to thank the Board for their tolerance and support in this my first year as Administrator and for their leadership in advancing the concerns of the hospital to our community and governments.

Respectfully submitted

John Martin
Administrator

Community Hospital, O'Leary
Annual Meeting
Chief of Medical Staff Report
December 4, 2006

Community Hospital has experienced a very busy and productive year. Some of the highlights include chronic a physician shortage (of the compliment of five), physician recruitment and the single hospital concept.

The ongoing physician shortage carries with it the obvious problems of limited access to physician contact, and excess workload on the available physicians. Some changes in our health care delivery have been necessary to meet the medical care needed and with the limited physician resources.. Night clinics at the Beechwood Community Health Center have been stopped for now; but 24 hour call duty at Community Hospital has been maintained. Cheryl Doran, a primary health care nurse, has been recruited for the Beechwood Center and is making a significant contribution in working with the physicians , particularly in the areas of anticoagulation therapy, diabetic care and patient teaching.

The steadfast efforts of Dr. Charles Dewar and the rest of the medical team including Drs. Abdulrahem Laftah, Wade Kean and Roy Montgomery have been invaluable in maintaining the medical service at Community Hospital. Many thanks as well to Dr. Adala Hanna who served our community for nine months and Dr. Andries Van Zyl who has joined us for the past two summers and will be back.

Physician recruitment efforts are ongoing at Community Hospital. We have an ongoing and busy recruitment team with Linda Blanchard as our point person. I have had the privilege of working with John Martin, our Administrator with the full support of our Board in bringing doctors to our area. We have had many successes in recruitment of locums but less with filling permanent positions at Community Hospital.

The Single Hospital concept, after much community input, including involvement of our staff and board, has now become an announced project. The new centrally located hospital will be built in 2008 after further consultation and planning with the community. For many of us in West Prince who are deeply attached to the hospital which we have struggled so hard to build and maintain, it has been a difficult process which has led to the adoption of a single hospital for the area. However, the present and future realities of health care delivery, include the challenges of physician, nursing and technologist recruitments and retention, as well as the maintenance of a

well equipped state of the art hospital facility for the 15,000 residents of West Prince make consolidation necessary for the stability of acute health care in West Prince.

Mr Chair, I wish to thank the staff at Community Hospital, administration, the Board and the supportive community you represent, for the enthusiastic and continuous support for Community Hospital.

Sincerely

Dr. Herb Dickieson,
Community Hospital, O'Leary

Support Services

Nutrition Services

Nutrition Services serves all areas of the facility and is comprised of the following staffing compliment:

Cook II :	1.4 Full Time Equivalents
Cook I :	1.4 Full Time Equivalents
Service Worker I :	4.2 Full Time Equivalents
Total Compliment:	**7.0**

Currently this department can serve up to 180 meals per day. This number includes acute care patients, long term care patients, Meals on Wheels Clients, staff and visitors. Much catering is also provided for meetings, recruitment purposes, resident activities, etc... As a general rule additional staffing is not scheduled to prepare for these functions.

Purchases for this year included a steamer which cooks all vegetables and re-therms meats without the drying effects of the oven. The cost of this item was in excess of $10, 000 - the funding for this purchase was made available by the Ladies Auxilary. Also purchased were 3 air conditioning units for the kitchen - the funding for these was provided by the Ladies Auxilary. A salad bar has also been added to the cafeteria to promote healthy eating initiatives for staff and visitors.

Environmental Services

Environmental Services and Laundry serve all areas of the facility and is comprised of the following staffing compliment:

Service Worker I :	7.2 Full Time Equivalents
Service Worker I :	0.4 Full Time Equivalent (Beechwood Community Health Centre)
Total Compliment :	**7.6**

This team is responsible for all cleaning and sanitizing activities within the facility. Those staff who work in the laundry wash in excess of 410 lbs of linen and personal items daily. The employee assigned to the Beechwood Community Health Care Centre has sole responsibility for that facility.

Purchases for this year included a new washing machine at a cost of in excess of $8000.

Maintenance Services

Maintenance is comprised of the following staffing compliment:

Maintenance Worker I:	1.0 Full Time Equivalent
Maintenance Trades person :	1.0 Full Time Equivalent
Total Compliment	**2.0**

The maintenance team has the primary responsibility for all mechanical, electrical, plumbing, equipment servicing and repair, grounds keeping, and general maintenance for the facility. They are also utilized on an as-needed basis for the Beechwood Community Health centre.

This team has enormous responsibility and is required to be on-call 24 hours a day - 7 days a week. Almost all services are provided here however, on occasion the staff have to call in other sources for those items which fall beyond their scope of work.

Major projects this year included the repair of the Medical Air system, replacement of a ceiling and partial wall in the Sterile Processing Department, replacement of an electrical capacitor to aid in monitoring usage, as well as renovations to more effectively serve clients and provide a safer environment for staff.

Other projects included over 400 trees being planted in conjunction with the Boy Scouts to provide a wind break as well as ornamental tree planting, the long term care wing was painted to make a warmer and more inviting atmosphere for the residents, on-going painting is occurring as many walls have not been painted since the opening of the facility, and the parking initiative to provide safer access for our physically challenged clients and emergency partners.

Respectfully submitted by:

Karen Milligan
Manager Support Services

Diagnostic Services Report
November 2006

Laboratory

The Foundation and Auxiliary purchased a new hematology analyzer for the Laboratory Department in late March 2006. Staff were trained on the new equipment in April and after comparison studies were done with the QEH and our previous machine, the analyzer was put into production. A new centrifuge was also purchased to replace one that had unexpectedly malfunctioned and could not be repaired.

Presently all island laboratories are working on the new Client Information System or Cerner project. Lab results are being compared with the intent to standardize reference ranges for as many tests as possible. Test names and panels are also being reviewed so there will be no confusion when we go live with this new system. There is still quite a bit of work to do as the system is literally being built as information is received. This project has put an extra load on all those involved due to lack of replacement staff however once the system is in operation it will be very beneficial as lab report turn around times will be greatly increased and physicians will be able to look up patient charts and access results with the click of a few keys.

The statistics for the fiscal year 2005/06 are as follows:

Total Inpatient and Outpatient Collections	9,009
Total Number of Tests Done on Site	90,557
Total Number of Tests Referred Out	21,280
Total Workload Units	304,308

Radiology & ECG Department

The most outstanding issue in Radiology has been the turn around time for reports. Due to the shortage in Radiologists, physicians have had to wait for routine reports for up to 6 weeks. Physicians must personally call the on call radiologist if they needed an x-ray read asap. It is noted that all inpatient and emergency client reports are to be read within a 24 hour period. Presently the province is working on a solution to decrease the report turn around times. The plan includes recruitment of Radiologists as well as bringing in locums to assist with the workload.

The ECG machine needs to be replaced soon and a campaign is in the works as this report is being typed. This is very good news for this department.

The statistics for the fiscal year 2005/06 are as follows:

	Inpatient	Outpatient
X-Ray Clients	245	2682
X-ray Procedure	272	3428
X-ray Units		116134 IP & OP combined
ECG Clients	290	1141
Holter Monitor/Event Monitor	14	108

Staffing:

The greatest concern facing Diagnostic Services is staffing. We have trained LPN's to draw blood samples and help with ECG's however, call coverage continues to be a challenge. In the next 3 - 5 years we will be losing techs due to retirement. We have had an opening for a temporary Medical Laboratory Technologist for months and have had no luck filling the position. This has resulted in staff having more on call shifts, problems with coverage for sick time, vacations, etc.. We desperately need to look at more permanent technical positions including recruitment and retention, as the staff are simply exhausted. There are only 3.0 positions to run a 24/7 service which is a difficult task for the Laboratory, Radiology and ECG Departments.

Respectfully Submitted By:
Pauline Stewart
Diagnostic Services Manager
Community & Western Hospitals

Community Hospital O'Leary

April 2005 - March 2006

In- Patients	
# of Beds in service	13 + 3
# of admissions	460
# patient days	4210
Avg. Length of staff	8.6
Occupancy rate	81.2% *1
Emergency Dept	
# visits	12215 *2

*1 N. B. This figure is abnormally low, due to severe period w/ only 2 physicians on staff. In patient occupancy increased in 2006 to 100% + between Jan. 06 and May 06.

*2 N.B .Outpatient numbers continue to increase throughout 2006. This trend is believed to be due to lack of physician in clinics, therefore patients come to hospital to be seen for primary health needs.